U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:		
8 / 1 / 04 Through: 7 / 31 / 05		
Name, file number, and address of labor organization.		
Name I.B.E.W. Local Union 308		
Labor Organization File Number 010-101		
P.O. Box, Building and Room Number, if any		
Street 1401 - 9th Avenue North		
City St. Petersburg		
State Florida ZIP Code + 4 33705-1222		
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A CONTRACT OF PROGRESS ASSOCIATION OF SHEET AND ASSOCIATION OF SHEET ASS		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
7.a. Nature of Interest, Transaction, or Income.		
7.b. Amount.		
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Name of Person Filing Stanley Lenas, Jr.	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name St. Petersburg Electrical J.A.T.C.	9. Business deals with:		
Trade Name, if any: Electrical Joint Apprenticeship P.O. Box, Bldg., Room No., If any	X a. Labor Organization b. Trust		
Street 1401 - 9th Avenue North	c. Employer		
City St. Petersburg State Florida ZIP Code + 4 33705_1222	·		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name I.B.E.W. Local Union 308	Assistant Director for Appr	~ ;	
Trade Name, If any: Local Union	gram on a limited part-time full-time coordinator by Pi School Board.		
P.O. Box, Bldg., Room No., if any		**************************************	
Street 1401 - 9th Avenue North	11.b. Approximate dollar value of such dealing.		
City St. Petersburg	12.a. Nature of interest held or income received		
State Florida ZIP Code + 4 33705_122	Coordinate school activitie Apprentices with the schoo *Wages and benefits onl	l district.	
	12.b. Amount.	\$5,015.86	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	NAMON AMON AN BOMBA WAY NAMON PAMON NO AS SINTER ANN NO BESSELVE TO THE PAMERAMENT	
granded allowers and a local and a construction of the second construction			
Name			
Trade Name, if any:		:	
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4 ZIP Code + 2 ZIP Code + 2 ZIP Code + 3 ZIP Code + 3 ZIP Code + 3 ZIP Code + 3 ZIP Code + 4 ZIP Code + 3 ZIP Code + 4 ZIP Code + 3 ZIP Code + 4		NOTION NOT THE THINK OF THE	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		